

Name  
in  
Full

William Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Salisbury Town Wicomico County  
Date of death 1909 Month April Day 2 Years — Montha 6 Days —  
Sex male Color or Race White Birth-place Md  
Occupation Child Where Residing if not at place of death  
Married, Single or Widowed Single Name of Wife or Husband  
Father's Name George Adams Father's Birthplace Md  
Mother's Maiden Name Maggie Gutierrez Mother's Birthplace Md  
Name of person giving Information Frank P Adams How related to deceased  
Information Grandfather

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Bronchitis

92

How long

Immediate

Pneumonia

How long

one week

Are the name, age, sex, color, date and place correctly given above?

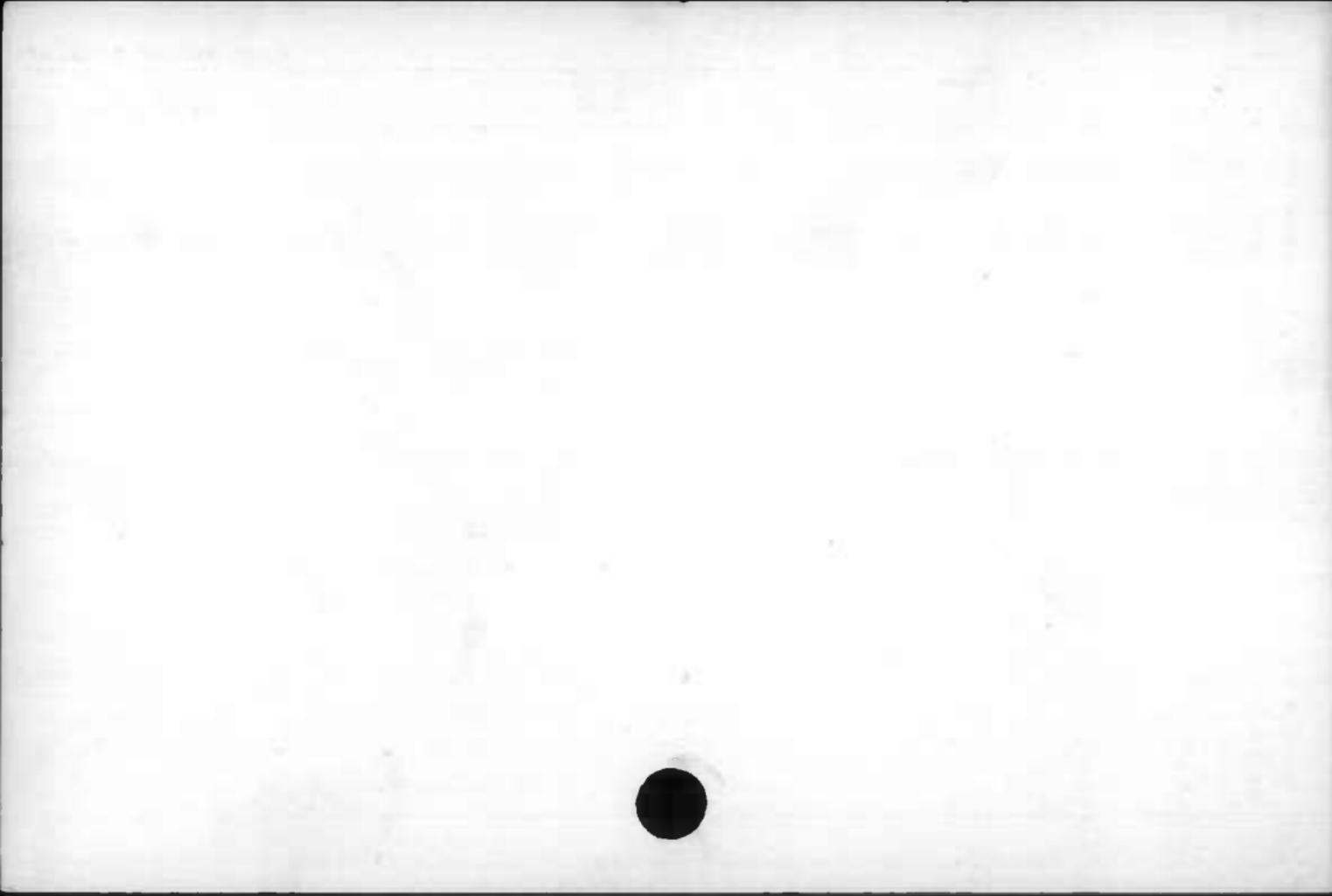
yes

Signature of Physician

Address

J. B. Potter  
Salisbury Md.

Accident or Suicide



Name  
in  
Full

R. Sydney Adkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Died at		Delmar	Wicomico				
Date of death	1909	Month 4	Day 9	Years 40	Months 8	Days 19	
Sex	Male	Color or Race	White	Birthplace	Maryland		
Occupation	Baggage Master		Where Residing if not at place of death	Delmar			
Married, Single or Widowed	Married	Name of Wife or Husband	Lizzie Adkins		Maryland		
Father's Name	George Atkins		Father's Birthplace	Maryland			
Mother's Maiden Name	Martha J. Holloway		Mother's Birthplace	Maryland			
Name of person giving Information	Wife		How related to deceased	Wife			

CAUSES OF DEATH

27

How long

1 year

How long

1 yr

PHYSICIAN  
OR CORONER

Primary

Tuberculosis

Immediate

Tuberculosis

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of  
Physician

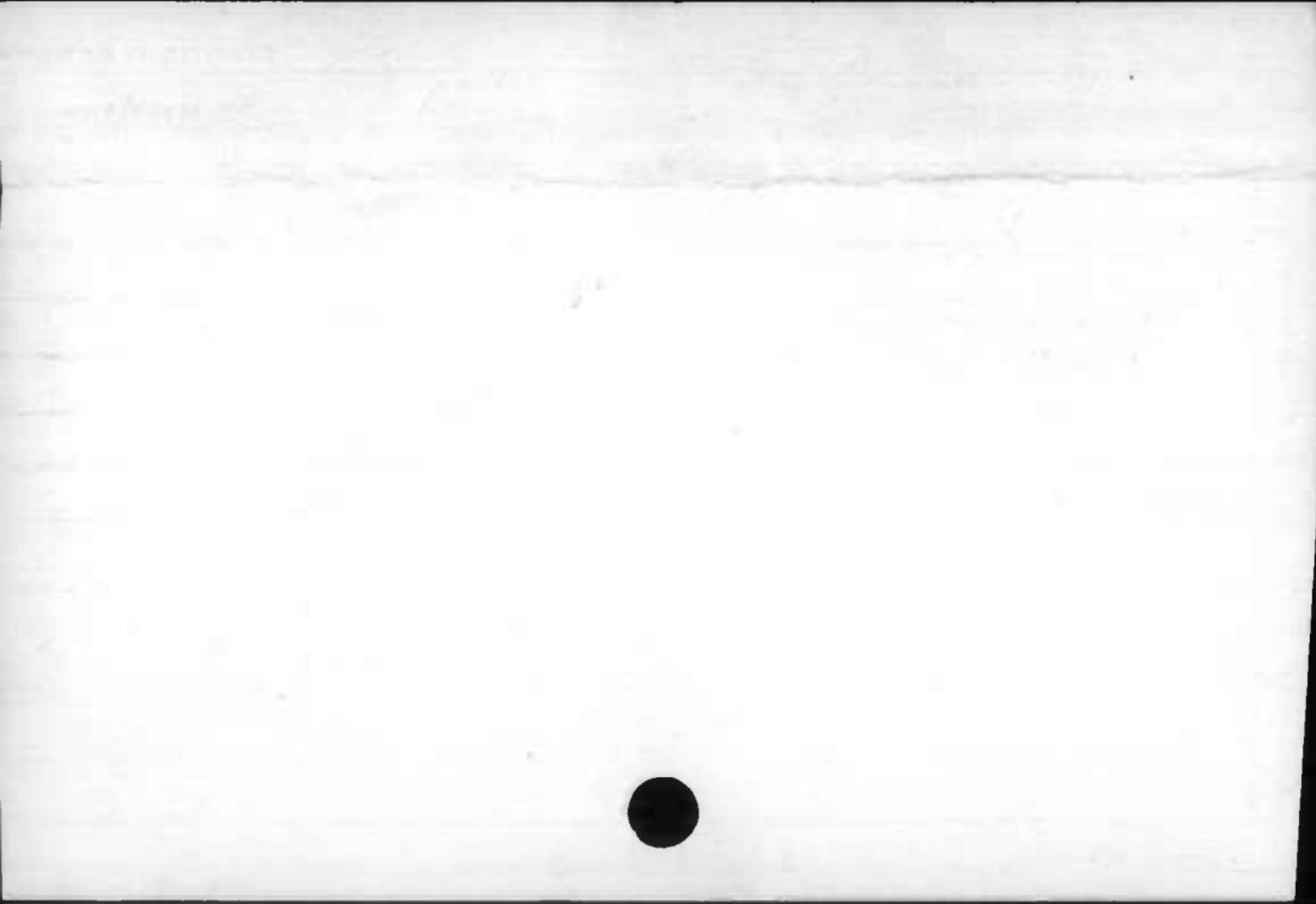
Address

Robert Elleygood M.D.

Delmar

Del

Accident or Suicide



Name  
in  
Full

Mildred J Allen

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1909	Month April	Day 17	Years	Month 9	Days 6
Sex	Female	Color or Race	White	Birth-place	Pa	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Emory B Allen					
Mother's Maiden Name	Cary B Crisman					
Name of person giving Information	Emory B Allen					

CAUSES OF DEATH

93

How long

How long

8 days

PHYSICIAN  
OR CORONER

Primary

Immediate Pneumonia

Are the name, age, sex, color, date  
and place correctly given above?

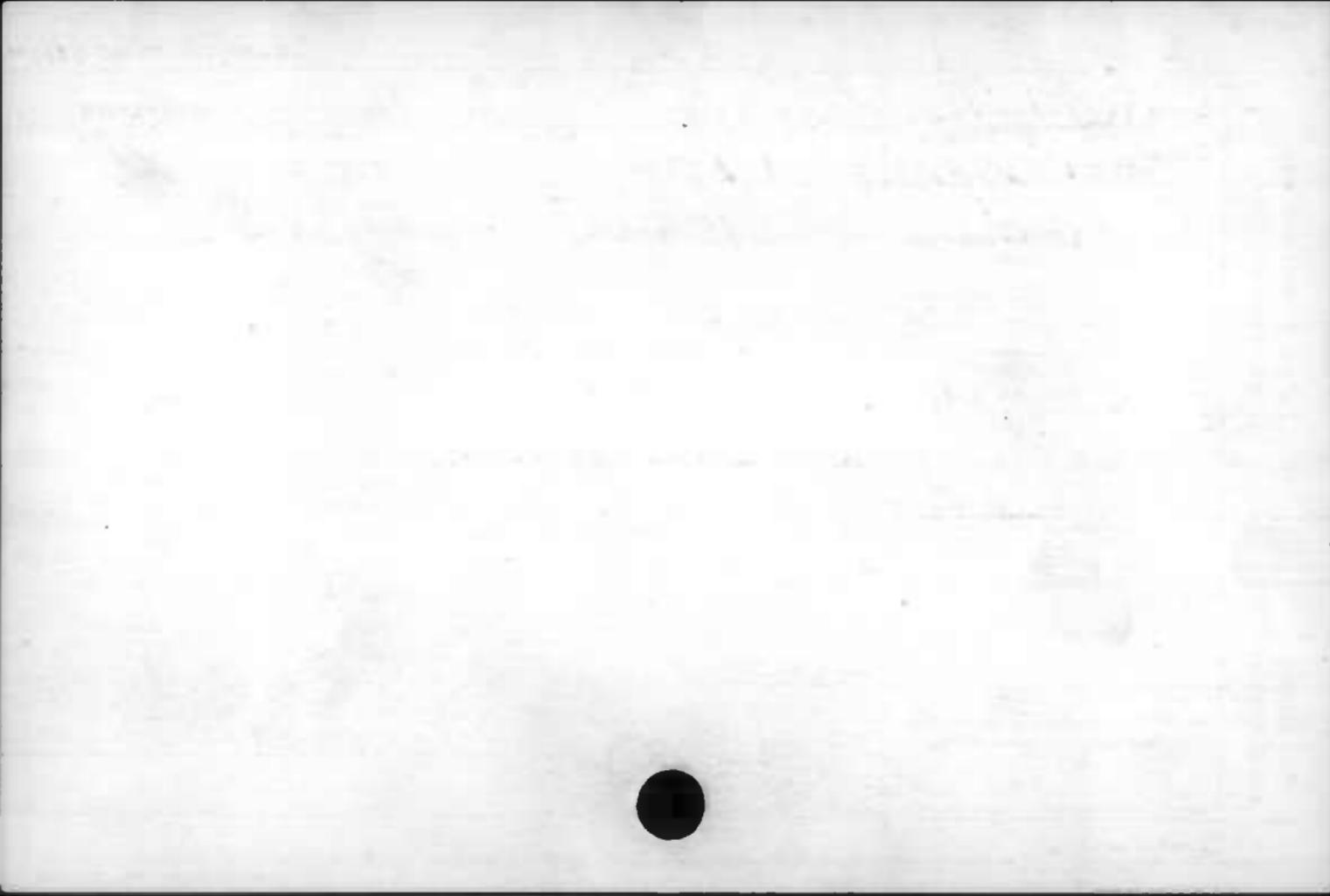
yes

Signature of  
Physician

Address

H. G. Bonnycastle  
Hebron  
Md

Accident or Suicide



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Ruth Anthony

Town Salisbury County Wisconsin

MARYLAND

Died at Salisbury Date of death 1909 Month April Day 6 Age 1 Months 3 Days

Sex Female Color or Race Black Birth-place Md

Occupation Infant Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name John Anthony Father's Birthplace Md

Mother's Maiden Name Maggie Jones Mother's Birthplace Md

Name of person giving Information Maggie Anthony

How related to deceased Mother

CAUSES OF DEATH

Primary

Sick from birth

179

How long

Immediate

Heart failure

How long

Newspaper

Are the name, age, sex, color, date and place correctly given above?

Yes

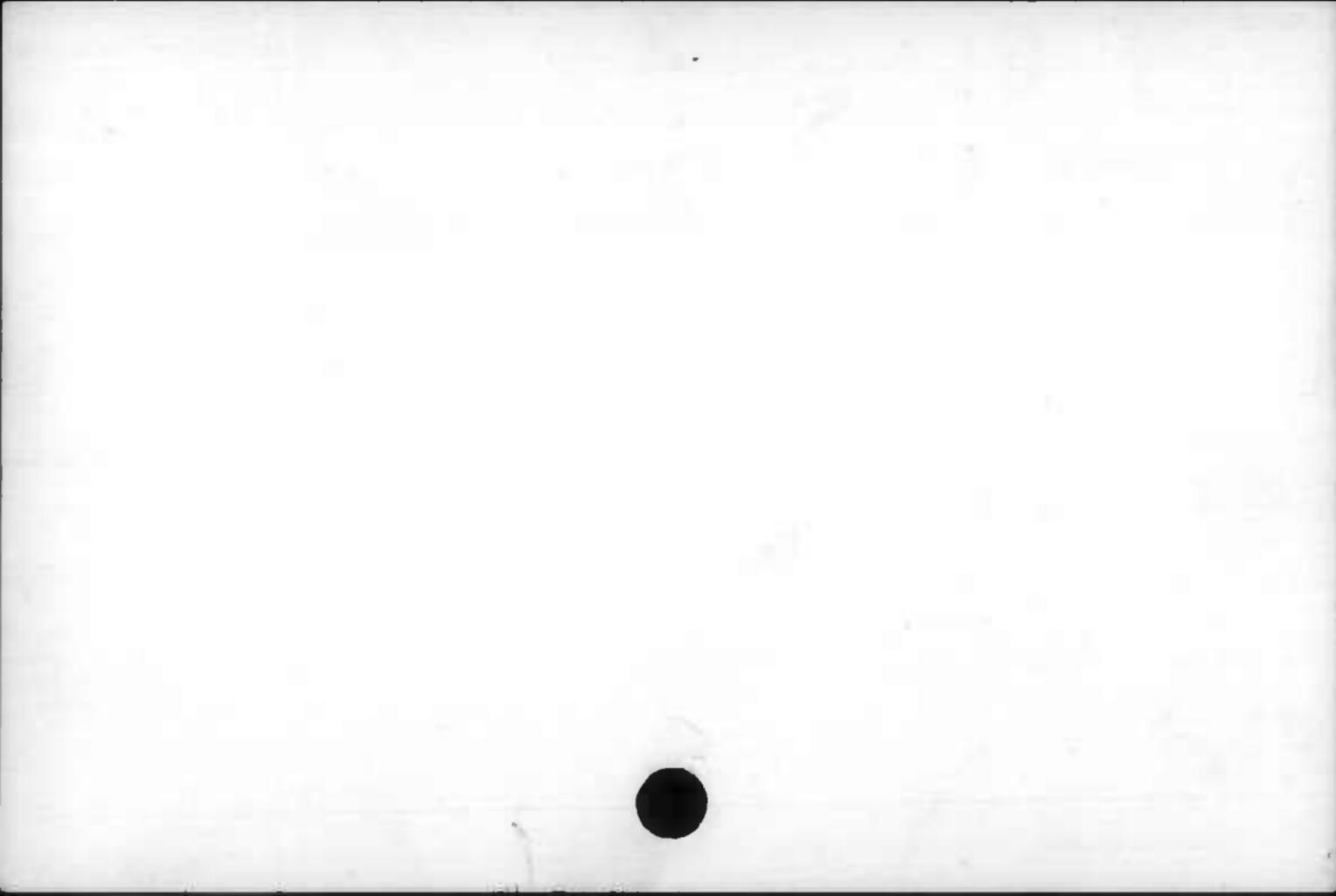
Signature of Physician

Address

Dr C R Truett  
Salisbury Md

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Jylian A Bailey

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Salisbury Town Maryland County  
Date of death 1909 Month April Day 29 Years 60 Months  Days   
Sex Female Color or Race Black Birthplace Mel  
Occupation Housework Where Residing if not at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

John W Bailey

Father's Name

Ephraim Bullett

Father's Birthplace

Mel

Mother's  
Maiden Name

Eliza Bullett

Mother's Birthplace

Mel

Name of person giving  
Information

George W Bailey

How related  
to deceased

Son

CAUSES OF DEATH

Primary

La Striper?

10

How long

Don't know

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Harry Clark  
Salisbury MD

PHYSICIAN  
OR CORONER

Accident or Suicide

Open

I saw the Deceased once about  
three weeks ago. He was suffering  
from his grippe at that time.

Have not seen him since

H. C. T. Lee

Name  
in  
Full

Orviator Baker

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		X	
near Salisbury Wisconsin						
Date of death	190	Month 9	Day	Years	Months	Days
April 15				64		
Sex	Female		Color or Race	White		
Occupation	Housework		Where Residing if not et place of death	Dul		
Married, Single or Widowed	not married		Name of Wife or Husband			
Father's Name	Archibald Baker		Father's Birthplace	Md		
Mother's Maiden Name	Sallie Mitchell		Mother's Birthplace	Md		
Name of person giving Information	Peter W Baker		How related to deceased	son		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Immediate

General Debility

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

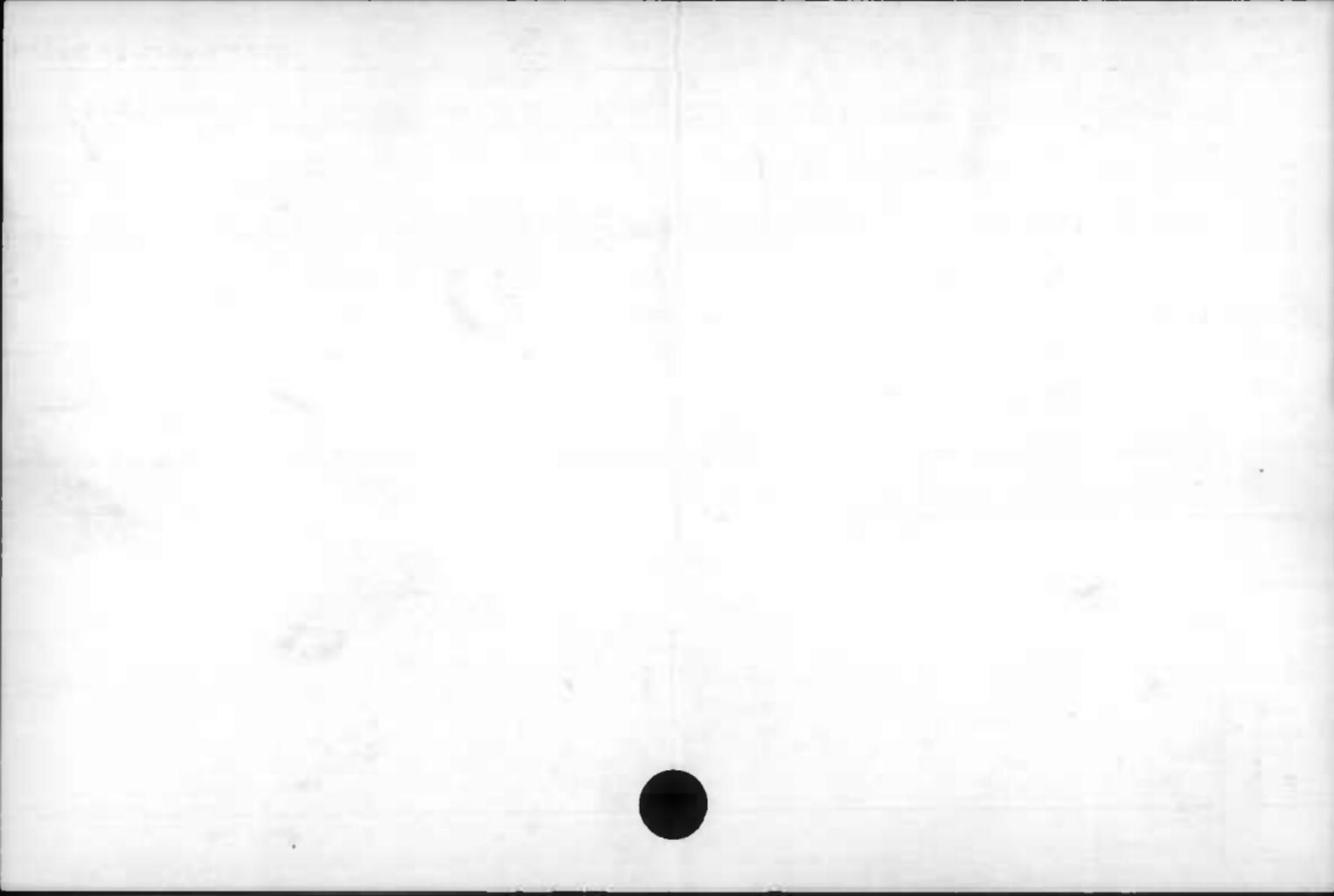
154

How long

How long

H. C. Conaway  
Hebron  
Md

Accident or Suicide



Name  
in  
Full

Sarah E. Craig

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town		County	
Diad at The P. G. Hospital Salisbury Wicomico			
Date of death 1909	Month April	Day 29 <sup>th</sup>	Years 37
Sax Female	Color or Race Black	Montha 10	Days 12
Occupation Chambermaid	Where Reading if not at place of death At Berlin "	Birth-place Berlin Md.	
Merried, Single or Widewed Widow	Name of Wife or Husband Joseph Craig	Father's Name Daniel J. Pitts	Father's Birthplace Berlin Md.
Mother's Maiden Name Rachel L. Marshall		Mother's Name Rachel L. Pitts	Mother's Birthplace Maryland
Name of person giving Information		How related to deceased	Mother

CAUSES OF DEATH

132

How long

Primary Double sys. salpingitis 2 weeks

Immediate Bleeding due to uterine sufficiency 6 days

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

So far

J. M. Cadell  
Salisbury, Md

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

✓  
TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Margaret Ellen Dashill		County		MARYLAND	
Died at White Haven		Wicomico			
Date of death 1909	Month April	Day 15	Years 85	Month	Days
Sex Female	Color or Race	Black		Birth-place	Wicomico Md.
Occupation House work	Where Residing if not at place of death				
Married, Single or Widowed Widower	Name of Wife or Husband		Hammond Dashill		
Father's Name Unknown				Father's Birthplace	Unknown
Mother's Maiden Name Unknown				Mother's Birthplace	Unknown
Name of person giving information Frank R. Hammond				How related to deceased	Step son

CAUSES OF DEATH

27

How long

about 9 months

How long

Primary Tuberculosis of lung.

Immediate Aethenia

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Yes.

Accident or Suicide

R. W. Payne.  
White Haven  
Md.

No. 23

Name  
in  
Full

Mary E Dashiell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Near Delmar		Wicomico	Month	Days	
Date of death	Month	Day	Years	Month	Days
1909	April	19	55		
Sex	Color or Race	Age	Birth-place		
Female	Black	55	Wicomico Co. Md.		
Occupation	Where Residing if not at place of death				
Houswife	George Dashiell				
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Wicomico Co. Md.		
Married	James Jackson	James Jackson			
Father's Name	Mother's Birthplace				
James Jackson	Unknown				
Mother's Maiden Name	How related to deceased				
Unknown	Brother				
Name of person giving information	John Jackson				

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Peritonitis uteri

42

How long

year

Immediate

Exhaustion

How long

7 days

Are the name, age, sex, color, date and place correctly given above?

so far  
as I know

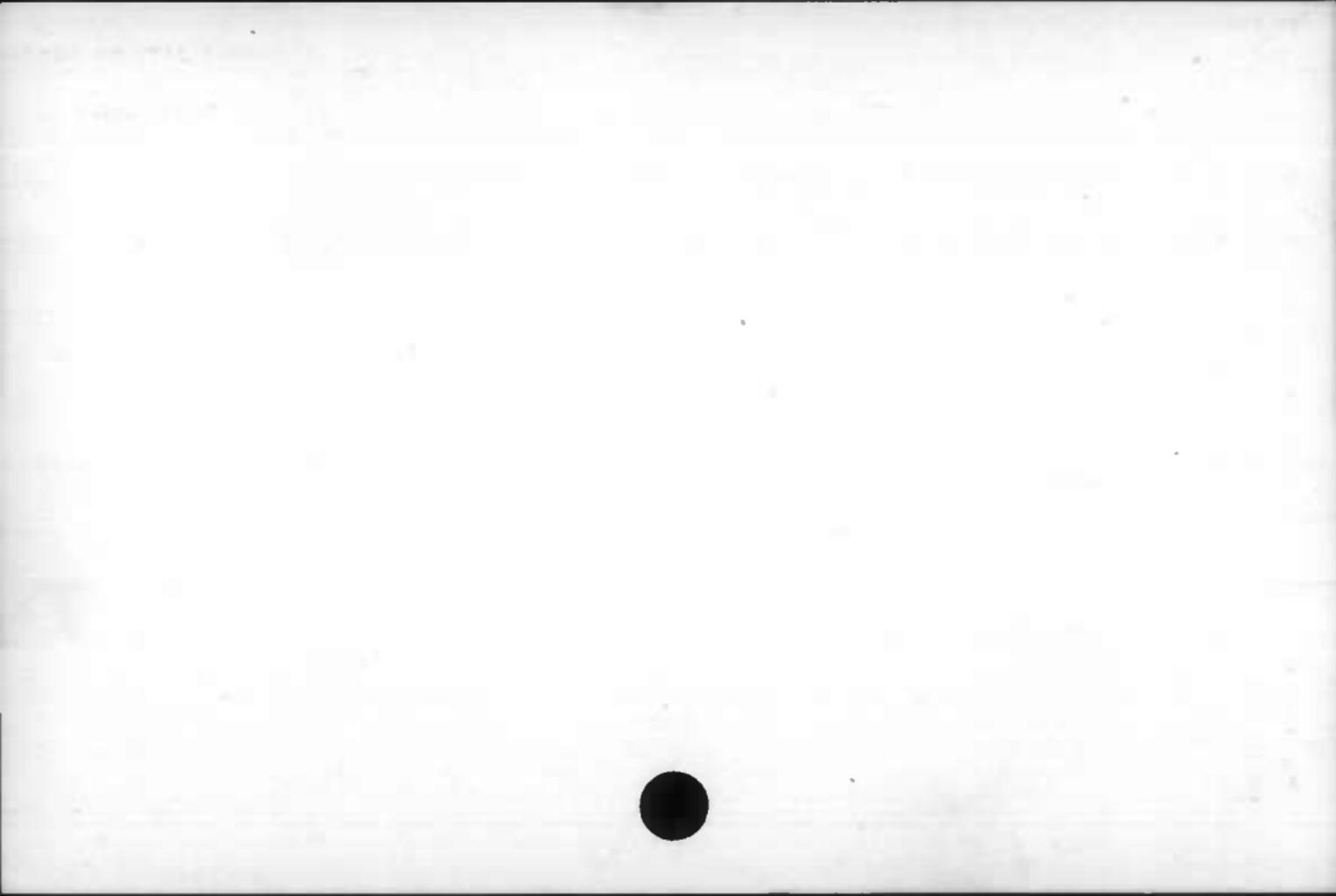
Signature of  
Physician

Address

J. W. Dashiell  
Salisbury Md

Accident or Suicide

No



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Ray Fine

CERTIFICATE OF DEATH

Town		County		MARYLAND	
Died at	Salisbury Md	Wicomico			
Date of death	1909	Month	April	Day	12
Age	36	Years		Month	
Sex	Female	Color or Race	white	Birth-place	Russia
Occupation	Housewife	Where Residing if not at place of death			
Married, Single or Widowed	married	Name of Wife or Husband	Moses Fine	Father's Birthplace	Russia
Father's Name	Charles Hirschberg			Mother's Birthplace	Russia
Mother's Maiden Name	Ethel Hirschberg			How related to deceased	Husband
Name of person giving Information	Moses Fine				

CAUSES OF DEATH

Primary

Carcinoma of liver

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

so far  
as I know  
no

Signature of Physician

Address

40

How long

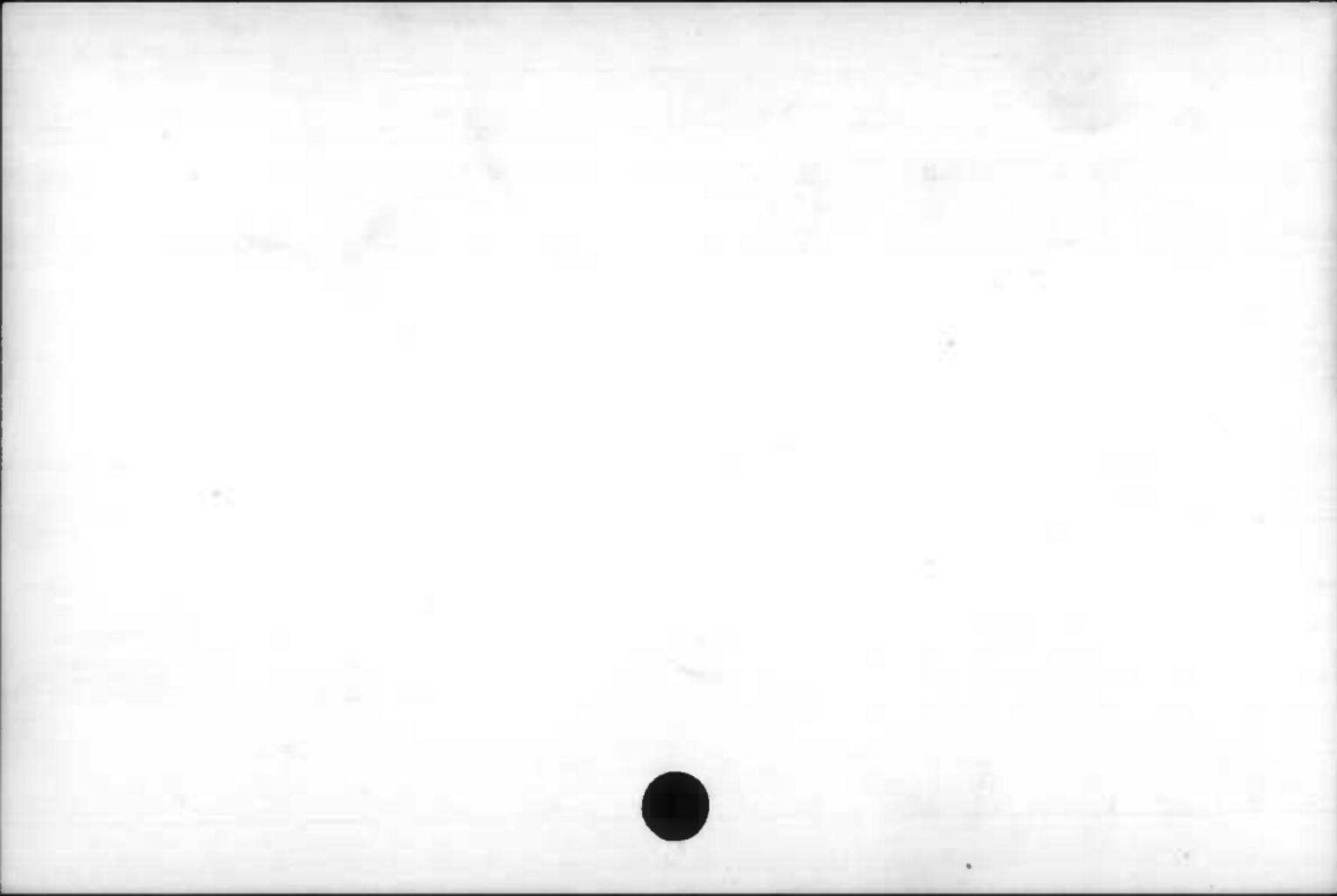
12 years

How long

few days

J. W. Cladish  
Salisbury, Md.

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Elmer E Holloway X

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1909	Month	Day	Years	Month	Day	
Sex	Male	Color or Race	White	Birth-place	MD		
Occupation	Farmer		Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Mary A Holloway				
Father's Name	Elmer Holloway		Father's Birthplace MD				
Mother's Maiden Name	Sally Fooks Heath		Mother's Birthplace Del				
Name of person giving Information	Emma Baker		How related to deceased Sister				

CAUSES OF DEATH

Primary

Bright's Disease

Immediate

Bright's Disease

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

120

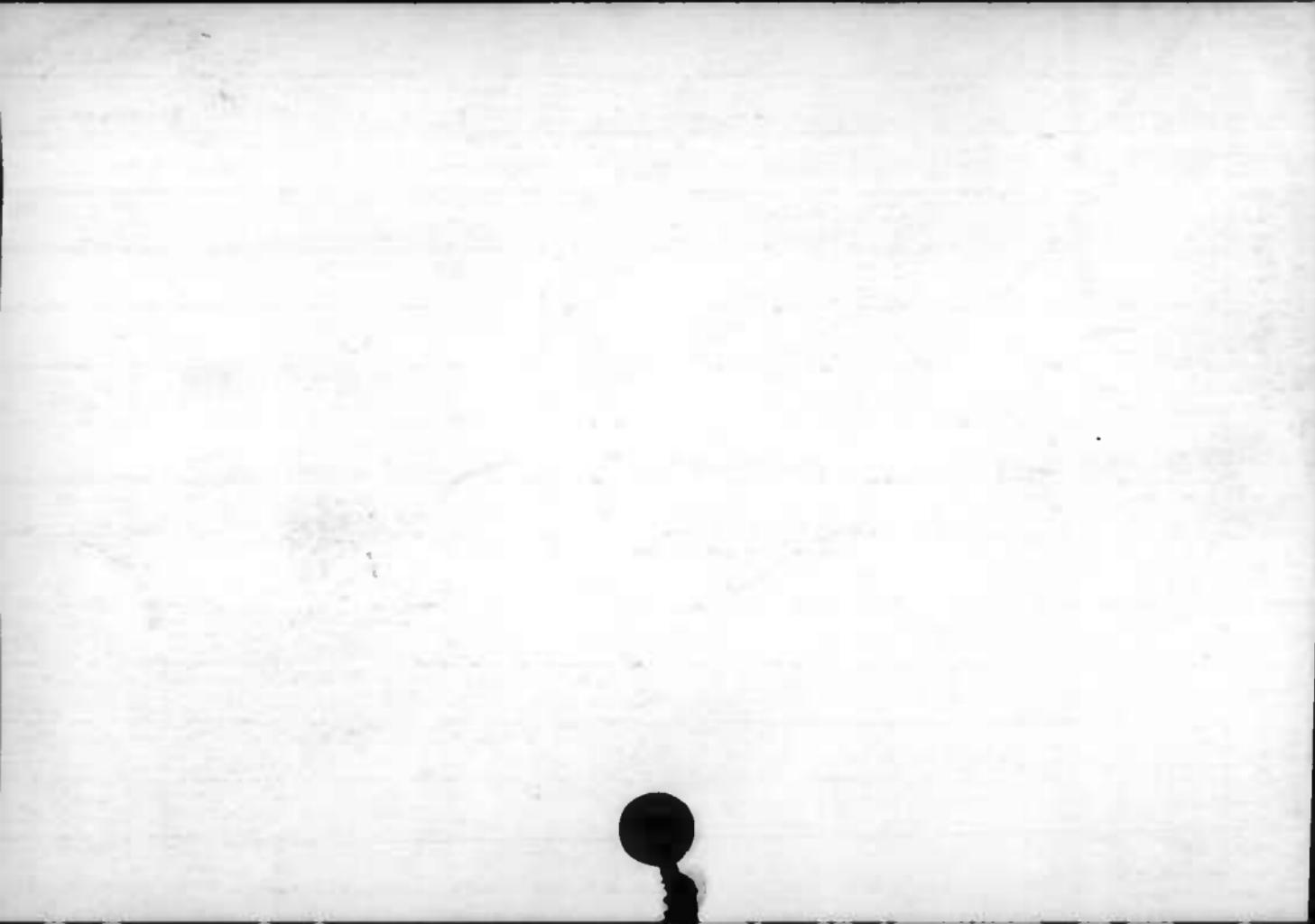
How long

6 months

How long

6 months

Accident or Suicide



Name  
in  
Full

Irene Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>White Haven</u>		County <u>Wicomico</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>April</u>	Day <u>15</u>	Years <u>5</u>	Month <u>3</u>	Days <u>28</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birthplace <u>Maryland</u>			
Occupation <u>-</u>	Where Reiding if not at place of dash				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>-</u>				
Father's Name <u>Ringold Jackson</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Annis Strat</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving Information <u>Irene Jackson</u>	How related to deceased <u>Mthr</u>				

CAUSES OF DEATH

27

How long

How long

Primary Tuberculosis of lung

Immediate Asphyxia

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

R. W. Paynor

White Haven  
Md

Accident or Suicide

No 22

Name  
In  
Full

Hanna A. Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1909	Month 4	Day 20	Years Age	66	Months Days
Sex	Female	Color or Race	Negro	Birth- place	Baltimore City	
Occupation	Housewife		Where Residing if not at place of death	Near Delmar		
Married, Single or Widowed	Married	Name of Wife or Husband	David Jones			
Father's Name	John Thomas		Father's Birthplace	Maryland		
Mother's Maiden Name	Mary		Mother's Birthplace	Maryland		
Name of person giving Information	David Jones		How related to deceased	Husband		

CAUSES OF DEATH

42

Primary

Cancer of the  
uterus

How long

Six years

Immediate

Hemorrhage

How long

Four weeks

Are the name, age, sex, color, date  
and place correctly given above?

Yes

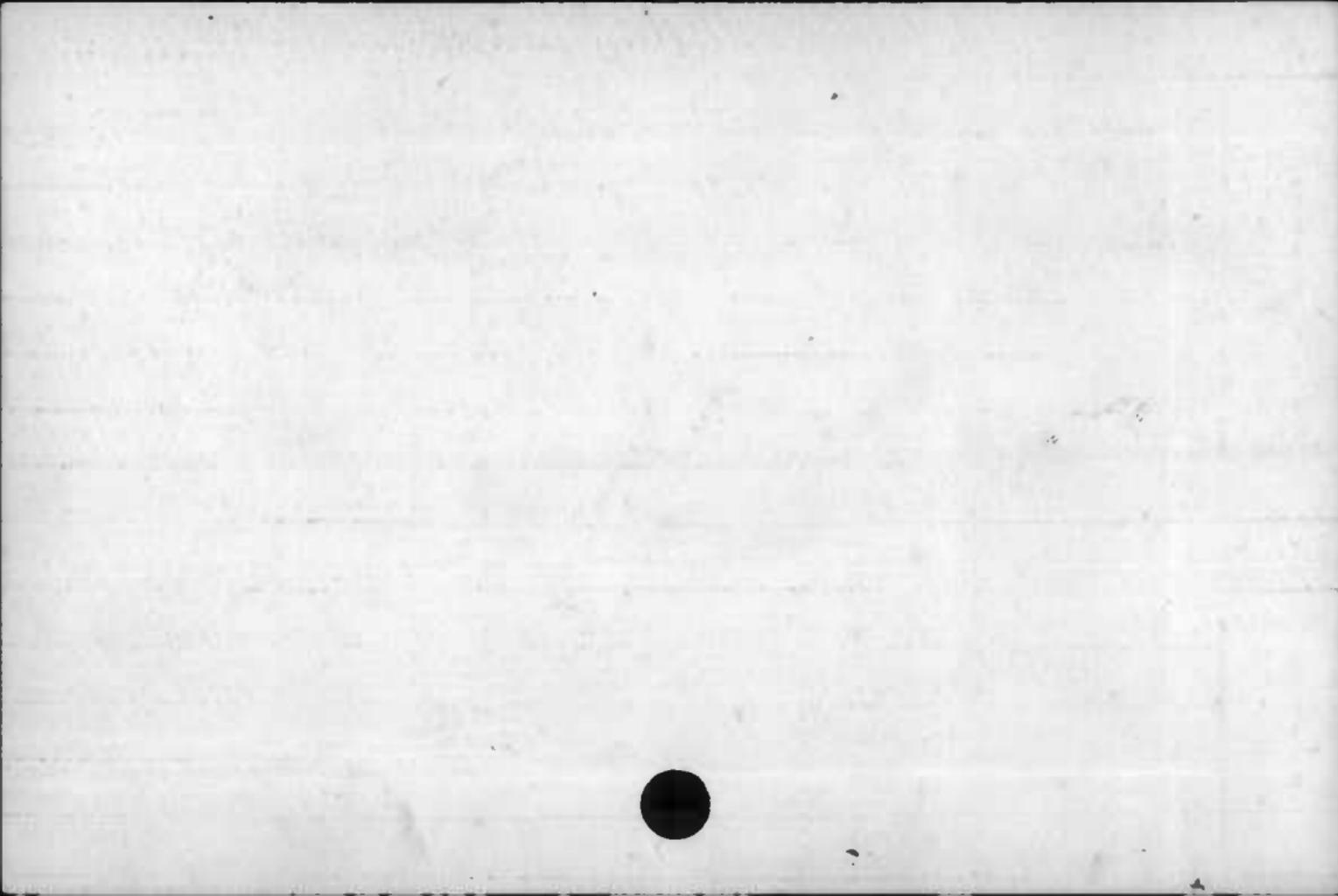
Signature of  
Physician

Address

Jones, Braxton  
Delmar, Del

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Sarah A. Johnson  
Died at her home Wisconsin

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	— —	
Father's Name	George E. Johnson	Father's Birthplace	Md
Mother's Maiden Name	Mary F. Ennis	Mother's Birthplace	"
Name of person giving Information	Wesley Johnson	How related to deceased	Bro

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Lung trouble

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

How long

How long

27

3 or 4 months

Accident or Suicide?



Name  
in  
Full

Rita Payor

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Month	Day	
1909	April	18	12			
Sex	Color or Race	Birthplace				
Female	White	Fruitland Md.				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Father's Birthplace					
William Payor	Hagerstown Md.					
Mother's Maiden Name	Mother's Birthplace					
Mattie Crouch	" " "					
Name of person giving Information	How related deceased					
Anthony B Crouch	Uncle					

CAUSES OF DEATH

27

Primary

Tuberculosis  
Exhaustion

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

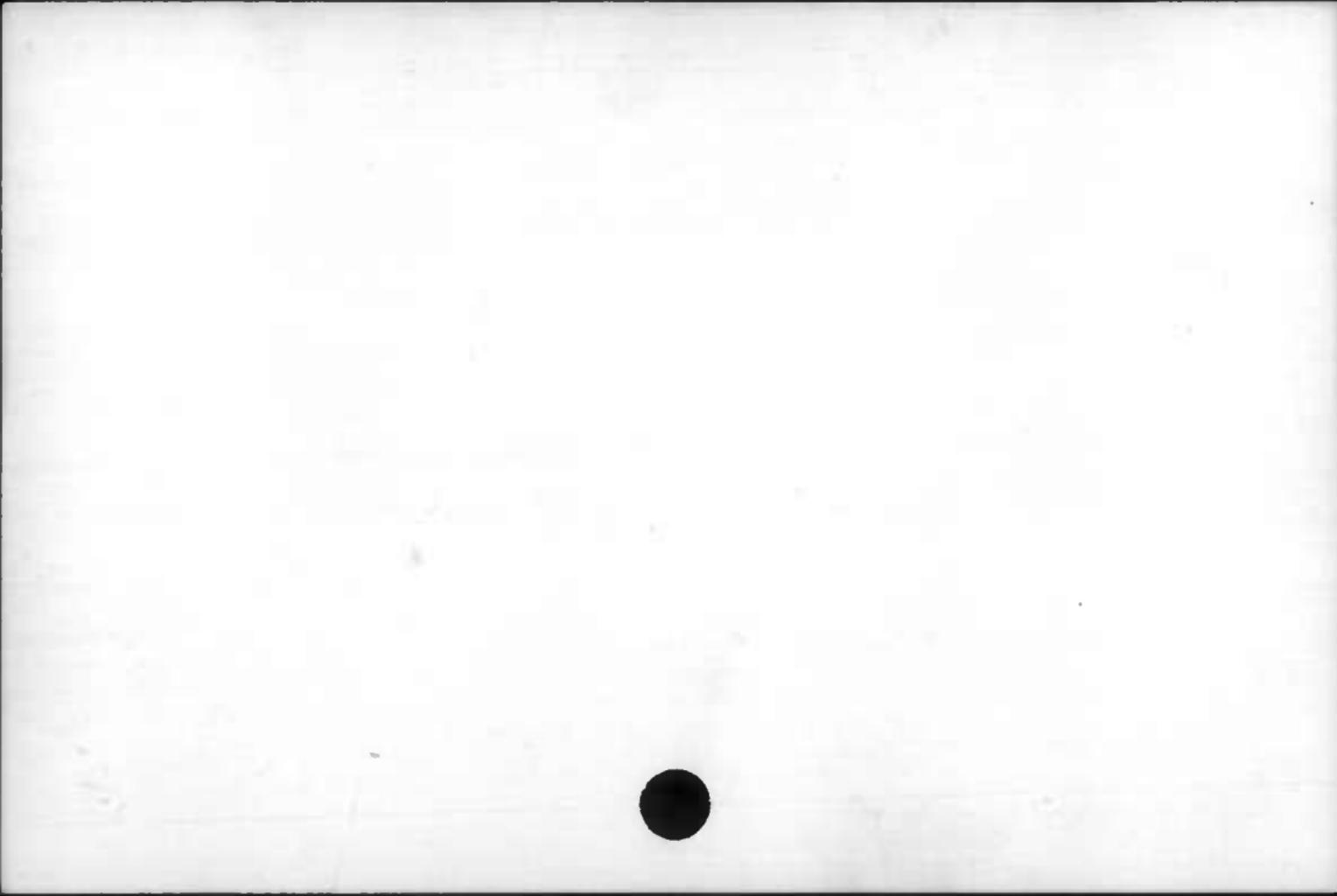
yes

Signature of Physician

Address

Dr C R Truett  
Salisbury

Accident or Suicide



Name  
in  
Full

Rosa B. Richardson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

2

Died at		Town	County		MARYLAND	
Near Salisbury		Wicomico				
Date of death	1909	Month April	Day 7th	Years 22	Months 11	Days 5
Sex	Female	Color or Race	White			
Occupation	None		Where Residing if not et place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	None			
Father's Name	Daniel J. Richardson		Father's Birthplace " " "			
Mother's Maiden Name	Sally V. Whayland		Mother's Birthplace " " "			
Name of person giving Information	Daniel J. Richardson		How related to deceased Father			

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

two years

Immediate

Exhaustion

How long

days.

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

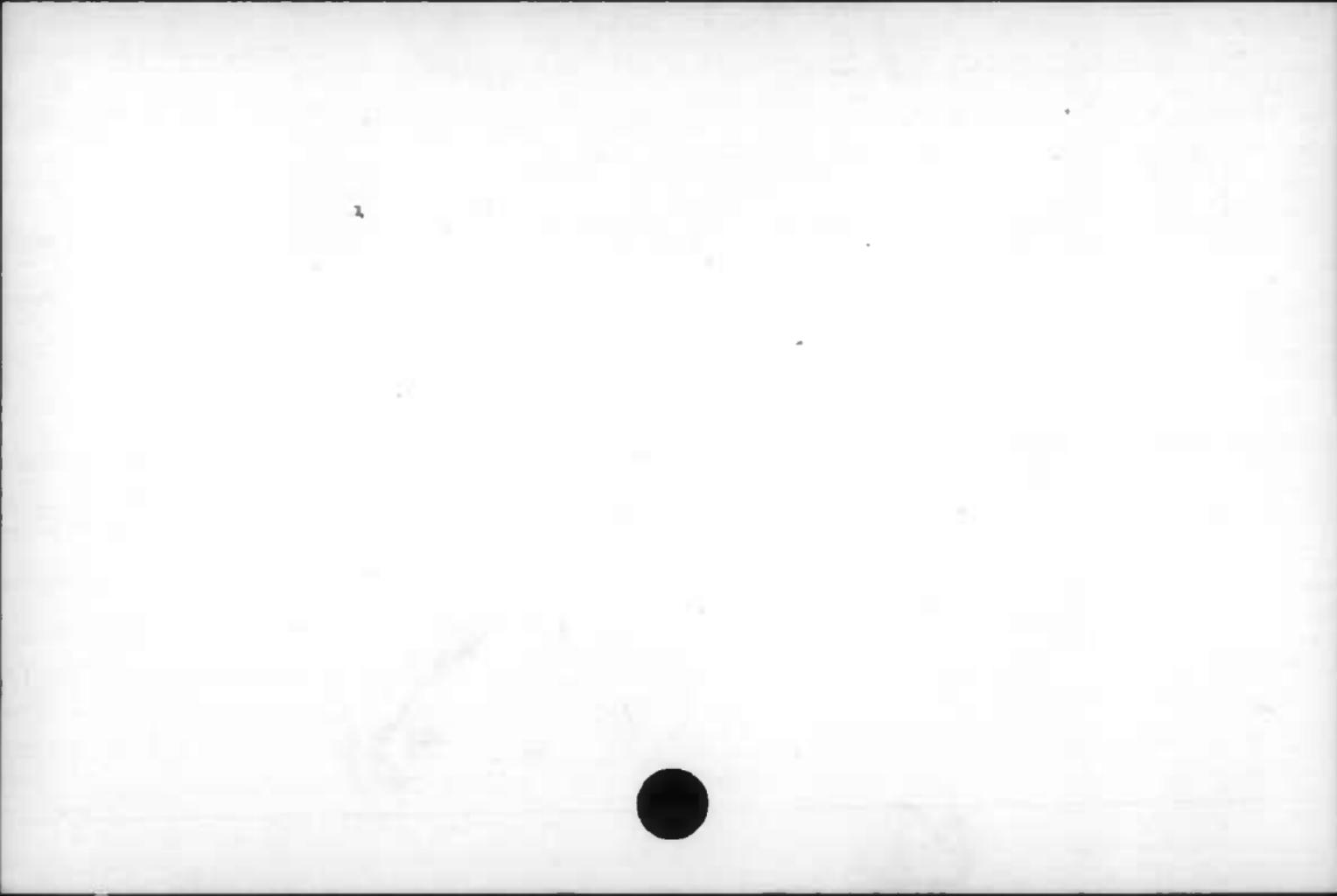
Address

J. B. Potter  
Salisbury, Md.

6

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

John Wilmer Shockley

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

Fruitland

County

Wicomico

Date  
of death

1909

Month

April

Day

3rd

Years

0

Months

6

Days

Sex

Male

Color or  
Race

Black

Birth-  
place

Fruitland Md.

Occupation

None

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

None

Father's  
Name

John W. Shockley

Father's  
Birthplace

Worcester Co. Md.

Mother's  
Maiden Name

Effie Allen

Mother's  
Birthplace

Fruitland Md.

Name of person giving  
Information

May Shockley

How related  
to deceased

Sister

CAUSES OF DEATH

93

How long

3 days

How long

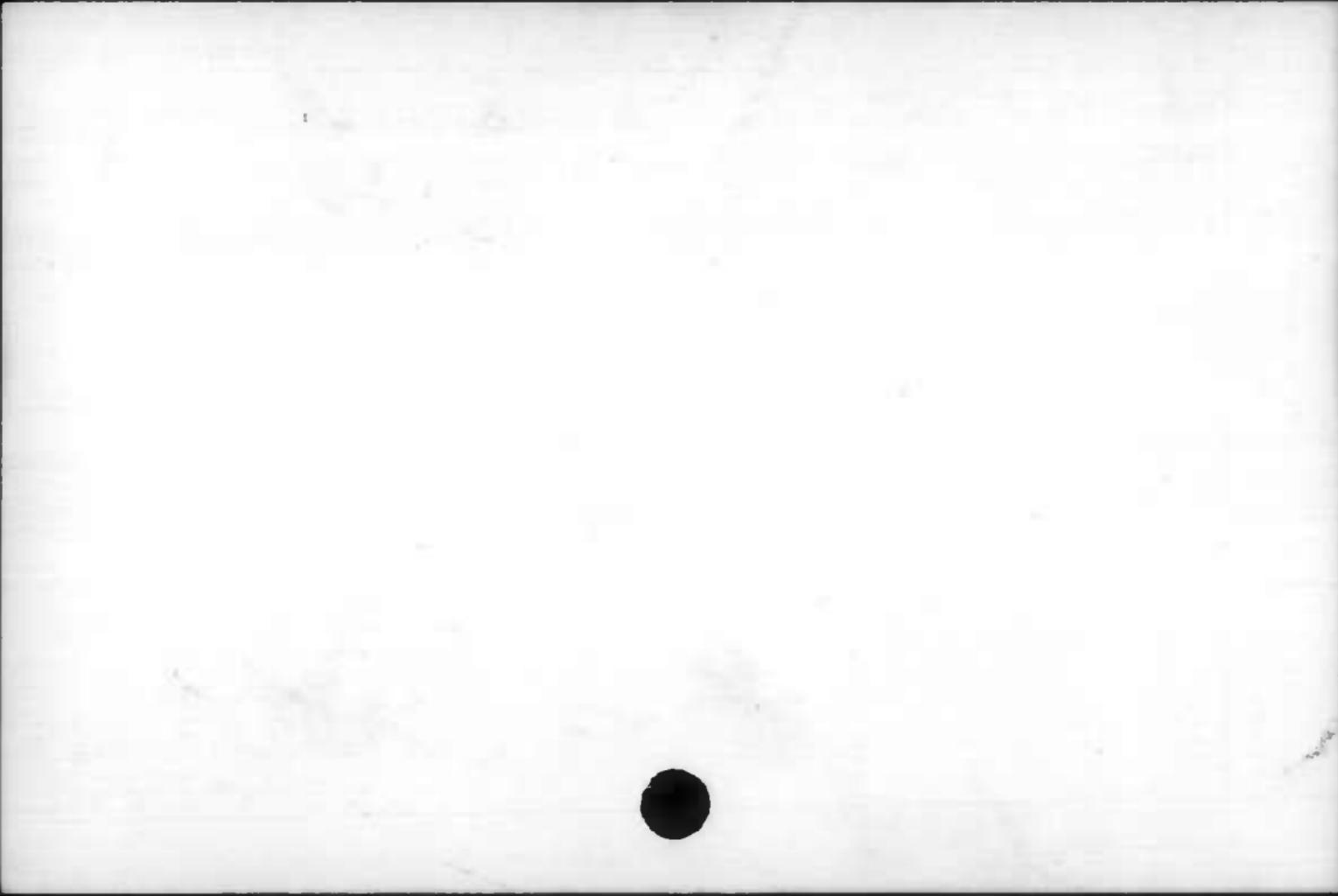
Harry C. Gull  
Salisbury  
MD

Signature of  
Physician

Address

Name  
in  
Full

Accident or Suicide



Name  
in  
Full

William Snyder

CERTIFICATE OF DEATH

✓  
TO BE ANSWERED BY  
NEAREST FRIEND

Died at near Lomontland Wisconsin County X

MARYLAND

Date of death 1908 Month Sept Day 30 Years 36 Month  Day

Sex male Color or Race White  
Occupation Labored

Birth-place Iowa

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Mary Snyder

Father's Name

Do not know

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving  
Information

Alfred L Elliott

How related  
to deceased

33

How long

How long

Don't know

Primary

CAUSES OF DEATH

Immediate

Tuberculosis of Kidney

Don't know

Are the name, age, sex, color, date  
and place correctly given above?

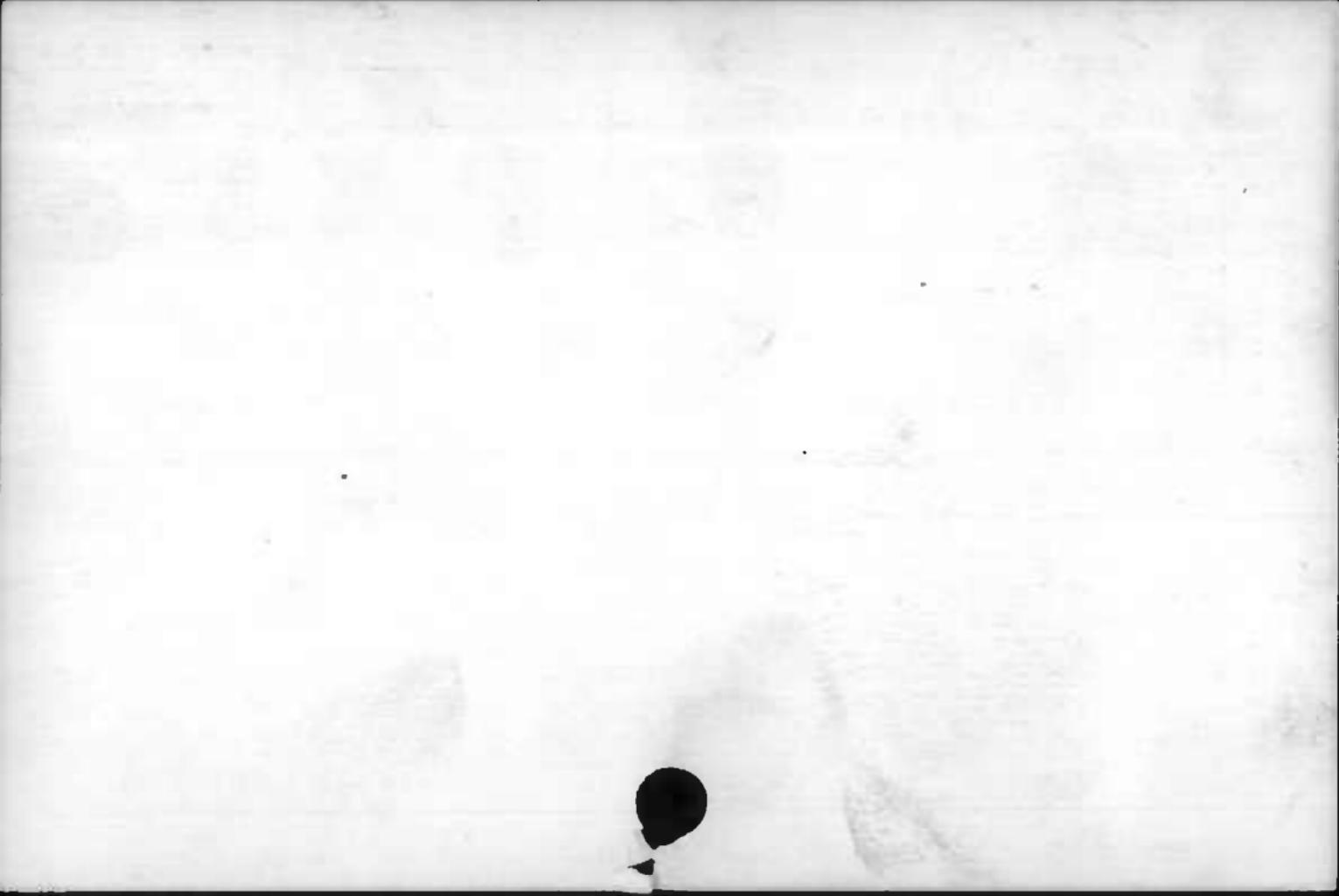
Signature of  
Physician

Address

Mary Tree  
Salisbury MD

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Myrtle Sturgis

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Town		County		MARYLAND	
Died at	Delmar	Lisomas			
Date of death	1909	Month	4	Day	1
Age	3	Years		Months	0
Sex	Female	Color or Race	white	Birth-place	Delmar Del
Occupation	Child	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Thos A Sturgis	Father's Birthplace Maryland			
Mother's Maiden Name	Mary C Williams	Mother's Birthplace Maryland			
Name of person giving Information	Mary C Williams	How related to deceased Mother			

CAUSES OF DEATH

Primary Meningitis  
Immediate by Lasseter

Are the name, age, sex, color, date and place correctly given above ? Yes

Signature of Physician

Address

61

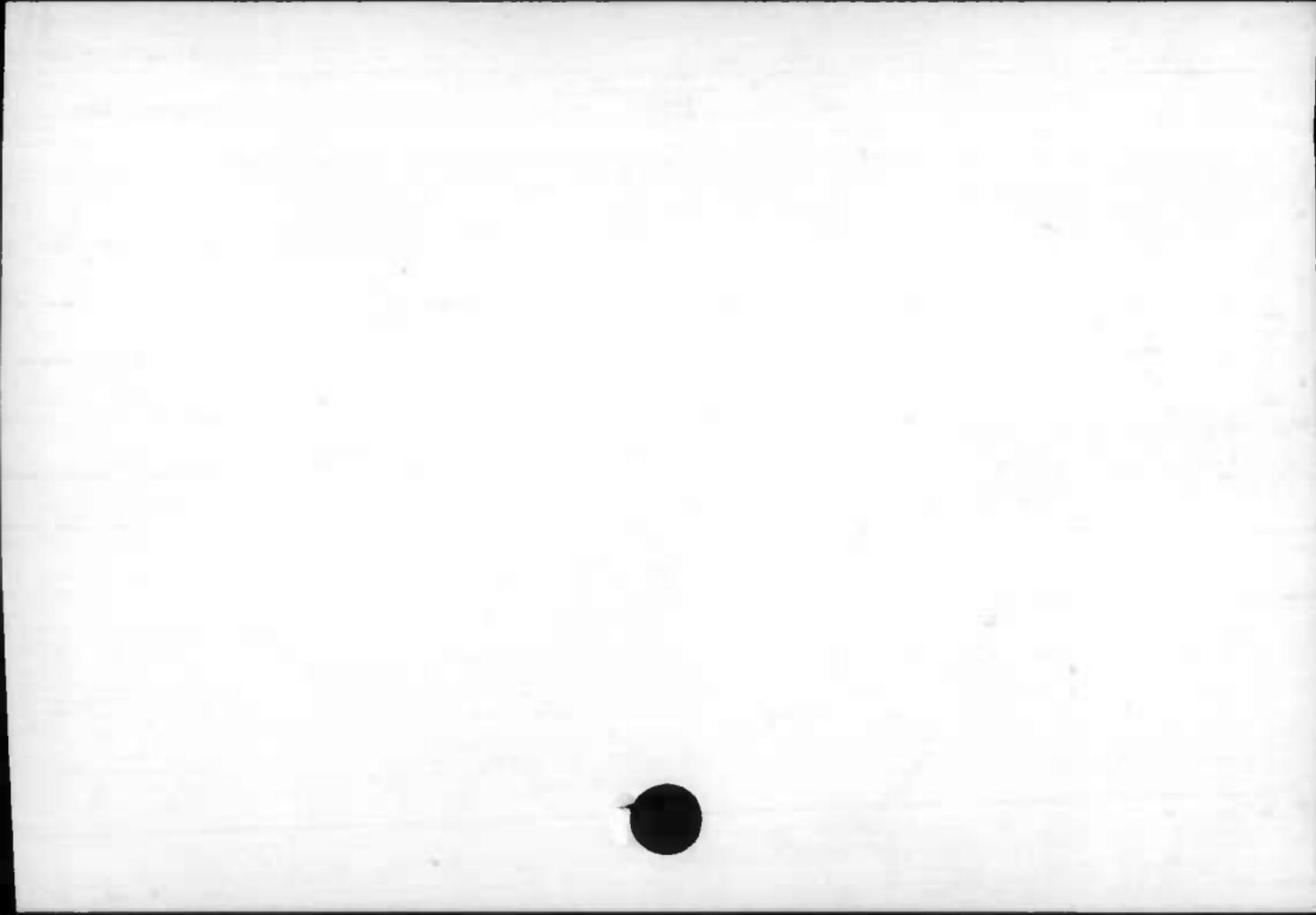
How long 22 days

How long

Robert Elligood M.D.  
Delmar Del

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Pauline E. Truitt

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Salisbury Town Wicomico County  
Date of death 1909 Month April Day 14<sup>th</sup> Years 2 Months 0 Days 29  
Sex Female Color or Race White Birth-place Delmar  
Occupation None Where Residing if not at place of death  
Married, Single or Widowed Single Name of Wife or Husband None  
Father's Name Mrs. P. Truitt Father's Birthplace Wicomico Co. Md.  
Mother's Maiden Name Annie E. Hitchens Mother's Birthplace " " "  
Name of person giving Information Mrs. P. Truitt How related to deceased Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia

93

How long

Immediate

Collofus

Are the name, age, sex, color, date and place correctly given above?

ye

Signature of Physician

Address



work  
from long  
Geo. H. Todd  
Salisbury  
Md

Accident or Suicide



Name  
in  
Full

Mabel Elizabeth Jackson

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Watkgauin	County	MARYLAND		
Date of death 1909	May 3	Age 16	Months 6	Days 19	
Sex Female	Color or Race Colored	Where Residing if not at place of death Watkgauin			
Occupation House girl					
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name Robert Jackson	Father's Birthplace Washington D.C.				
Mother's Maiden Name Elizzar Owsley	Mother's Birthplace Washington D.C.				
Name of person giving information Charles McCoy	How related to deceased Cousin				

CAUSES OF DEATH

27

How long

Don't know

How long

Primary Tuberculosis

Immediate General pneumonia & tubercle 5 or 6 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Louis W. Jackson, M.D.

Accident or Suicide?

C. G. Moziak  
Bovalas

No. 20

Name  
in  
Full

Minnie Waller

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

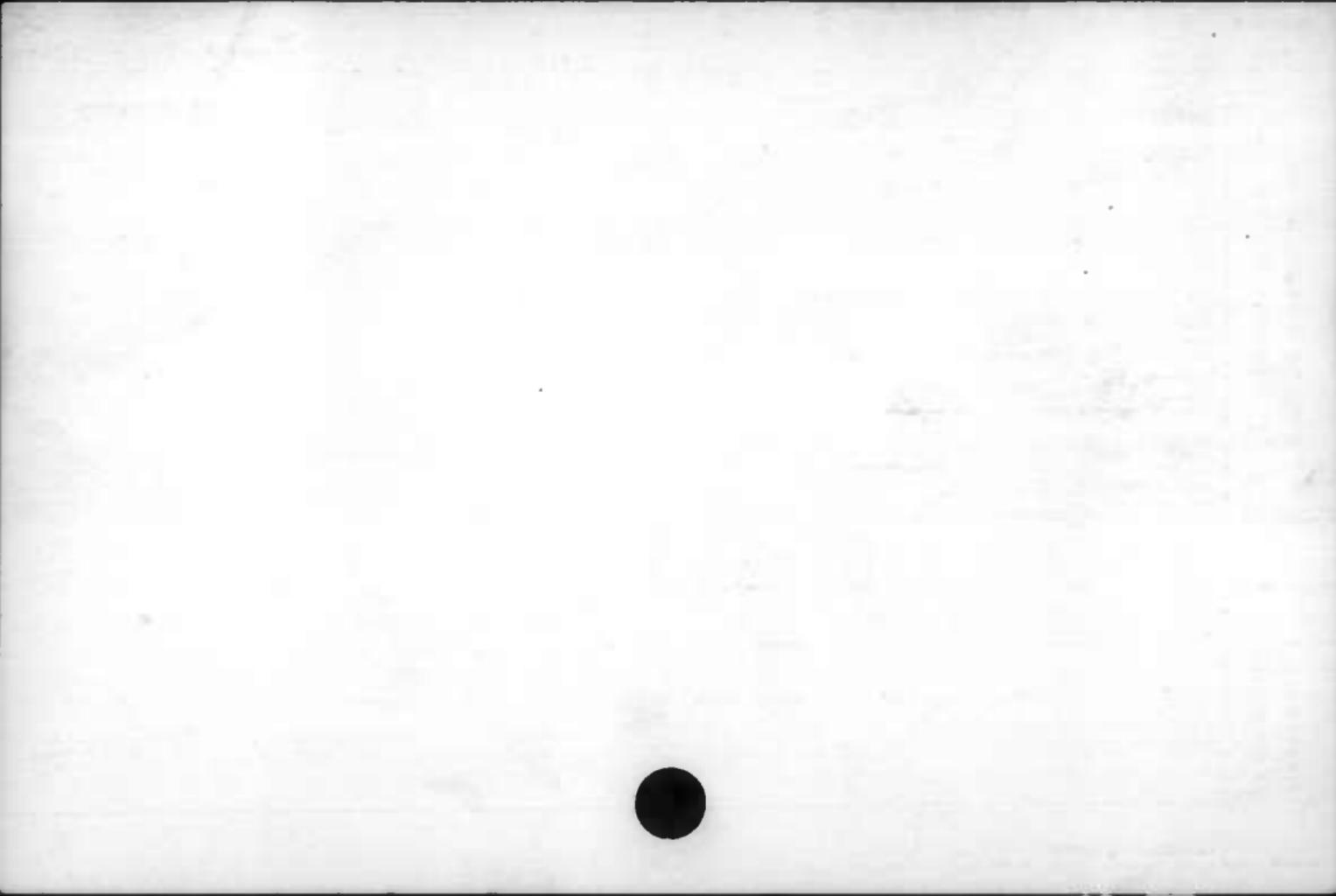
PHYSICIAN  
OR CORONER

Died at <u>Salisbury</u> Town		County <u>Wicomico</u>		MARYLAND		
Date of death <u>1909</u>	Month <u>April</u>	Day <u>7</u>	Age <u>16</u>	Years <u>8</u>	Months <u>2</u>	Days <u>2</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-piece <u>Red</u>				
Occupation <u>Housework</u>	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name <u>Robert E. Waller</u>	Father's Birthpiece <u>Red</u>					
Mother's Maiden Name <u>Louise Westring</u>	Mother's Birthpiece <u>Red</u>					
Name of person giving Information <u>Katir Waller</u>	How related to deceased <u>Sister</u>					

CAUSES OF DEATH

93

Primary <u>Acute Gonorrhoea &amp; pneumonia (dull) 10 days</u>	How long
Immediate <u>Toxemia &amp; anæmia</u>	<u>3 or 4 days</u>
Are the name, age, sex, color, date and place correctly given above ? <u>yes</u>	
Signature of Physician <u>Louise. Louise. Wm.</u>	Address <u>Salisbury Md.</u>
Accident or Suicide	



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

18

<i>Martha Ellen Turner Whayland</i>					CERTIFICATE OF DEATH			
Town		County			MARYLAND			
Died at	Delmar	Month	Day	Years	Months	Days		
Date of death	1909 April	29		Age 32	2	13		
Sex	Female	Color or Race	White	Birth-place Delmar Del				
Occupation	House Wife	Where Residing if not at place of death			at place of death			
Married, Single or Widowed	married	Name of Wife or Husband	Walter W Whayland	Father's Birthplace Sussex Co Del				
Father's Name	Matthew M Hill				Mother's Birthplace Sussex Co Del			
Mother's Maiden Name	Sarah J Hill				How related to deceased Father			
Name of person giving Information	Matthew M Hill							
CAUSES OF DEATH					93			
Primary	Pneumonia			How long			5 weeks	
Immediate	Heart, Utter regurgitation			How long			1 week	

Are the name, age, sex, color, date and place correctly given above?

Yes

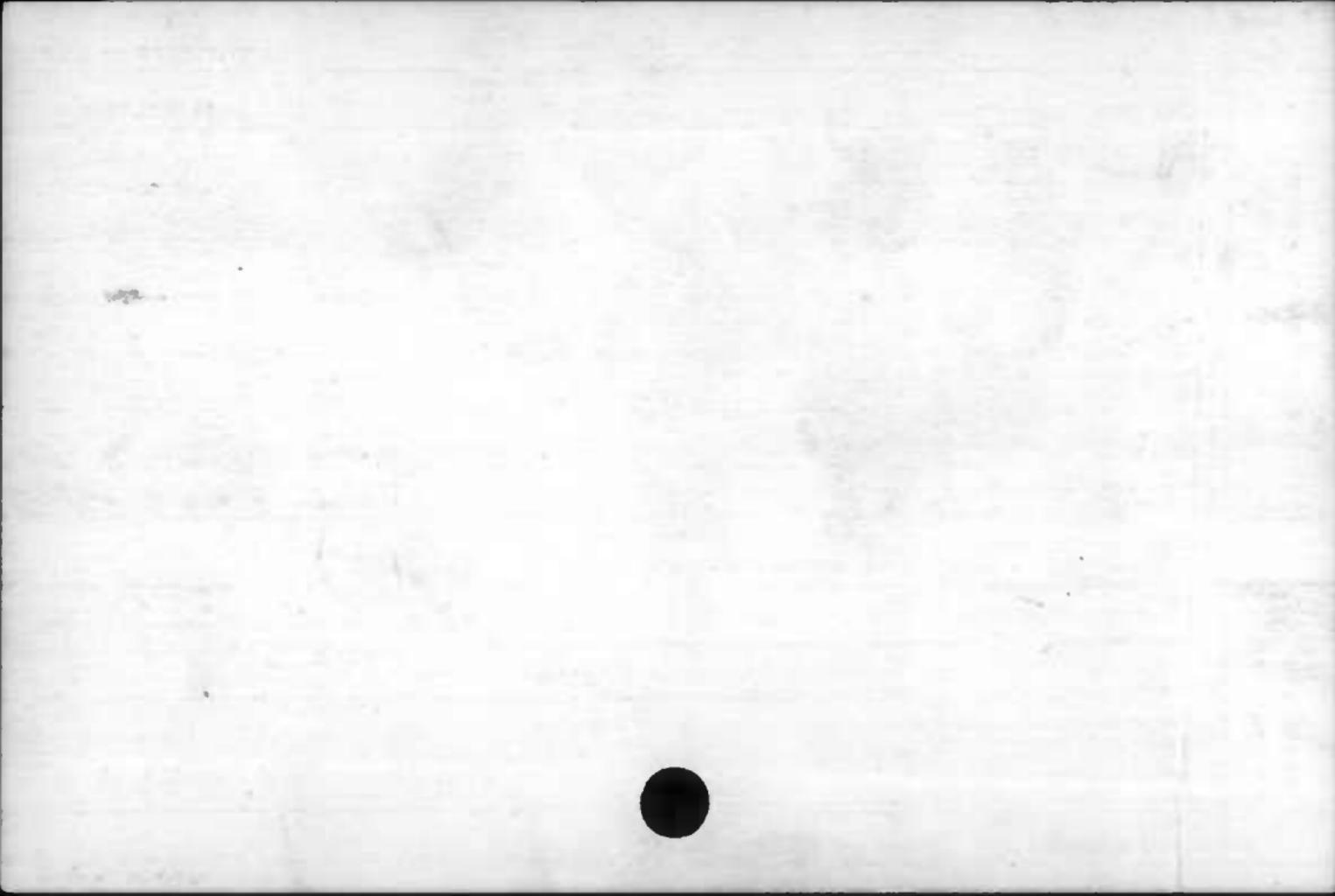
Signature of Physician

Address

Robert Eelgood M.D.

Delmar Del

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Accident or Suicide

John Young

CERTIFICATE OF DEATH

MARYLAND

Died at Salisbury Town Wyoming County  
Date of death 1909 Month April Day 22 Years 67 Months 11 Days  
Sex male Color or Race White Birthplace Holland

Occupation Labourer Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Hannah Young

Father's  
Name

Do not know

Father's  
Birthplace

Do not know

Mother's  
Maiden Name

" "

Mother's  
Birthplace

Name of person giving  
Information

George W Young

How related  
to deceased

Son

120

How long

Don't know

How long

Don't know

CAUSES OF DEATH

Primary

Interstitial Nephritis

Immediate

Convulsions

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Geo. W. Ford  
Salisbury  
Md

